

S. No. 2  
M-542  
7-1739  
K32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED FEB 10 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

1045

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

361

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Less than 1 day  
(Specify whether  
In this community 20 Yrs  
years, months or days)

3. (a) PRINT FULL NAME Frank Bernard Deters

3. (b) If veteran, name war no. 3. (c) Social Security No. 496-09-2041 year 1943 hour minute M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eleanora E. Deters 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Nov 19 1889  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
53-52 2 3 hr. min.

9. Birthplace Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanice Man

11. Industry or business Murrar Transfer Co.

12. Name George H. Deters.

13. Birthplace No Record  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth

15. Birthplace No Record  
(City, town, or county) (State or foreign country)

16. (a) Informant Eleanra E. Deters

(b) Address 4236 East 58 St.

17. (a) Burial (b) Date thereof Jan 25 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn

19. (a) 1-24-43 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town 4236 East 58 St  
(If outside city or town limits, write "RURAL")  
(d) Street No. Kansas City  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from

to Deputy Coroner  
that I last saw h. and that death occurred on the date and hour stated above.

Immediate cause of death Auto Trauma Duration

Skull fracture

Due to 170C-8

Due to 31

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy See Above

22. If death was due to external causes, fill in the following

(a) Accident, suicide, or homicide (specify) Accident 122

(b) Date of occurrence Jan 22, 1943

(c) Where did injury occur Kan. City Jackson Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Street

While at work? No (Specify type of place) (e) Means of injury Trauma

23. Signature A. E. Upsher (M. D. or other)

Address 23rd McKay Date signed 1/25

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**